

UNITED STATES DISTRICT COURT

for the
Southern District of IllinoisSCANNED AT MENARD and E-mailed
1-2-19 by PS 56 pages
date initials No.Bradley James CornilleCase Number: 19-2-NJR
(Clerk's Office will provide)

Plaintiff(s)/Petitioner(s)

v.

☒ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINTpursuant to the Federal Tort Claims Act, 28 U.S.C.
§§1346, 2671-2680, or other lawWarden Jacquelin Lashbrook;C/O Male; UNKNOWN mental healthlady 1; Officer West; Officer Ench;#1 LT male unknown; UNKNOWN nurse 1, 2, & 3;Unknown female nurse practitioner; UNKNOWN male officer;
UNKNOWN #2 LT male; Counselor Blump; Bradley Raudonoid;

I. JURISDICTION IDOC Director Baldwin; IA Lauer

Plaintiff: IA Masterson; IA Reaves; IA LT Spiller;
UNKNOWN mental health woman #2; Dr Levin; Ms. White
all individually & officiallyA. Plaintiff's mailing address, register number, and present place of
confinement.Bradley James Cornille
888097
Menard CC
711 Kaskaskia Street; PO box 1000
Menard, IL 62259

Defendant #1:

B. Defendant Jacquelin Lashbrook is employed as
(a) (Name of First Defendant)Warden

(b) (Position/Title)

with IDOC Menard CC 711 Kaskaskia Street
(c) (Employer's Name and Address)Menard, IL 62259At the time the claim(s) alleged this complaint arose, was Defendant #1
employed by the state, local, or federal government? ☒ Yes ☐ NoIf your answer is YES, briefly explain: Warden of Menard CC

Defendant #2:

C. Defendant C/O MAWE is employed as

(Name of Second Defendant)

C/O

(Position/Title)

with IDOC Menard CC 711 KASKASKIA ST

(Employer's Name and Address)

Menard IL 62254

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain: C/O Correctional officer

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

Attached 114 2 A - 2E

Additional Defendants

D Defendant UNKNOWN mental health lady #1

mental health

IDOC Menard CC 711 Kaskaskia St

Menard, IL 62259

yes

IDOC mental health

E Defendant Officer West

Officer

IDOC Menard CC 711 Kaskaskia St

Menard, IL 62259

Yes

IDOC ~~Menard~~ Officer

F Defendant Officer Finch

Officer

IDOC Menard CC 711 Kaskaskia St

Menard, IL 62259

Yes

IDOC Officer

G Defendant #1 LT male unknown

LT

IDOC Menard CC 711 Kaskaskia St

Menard, IL 62259

yes

IDOC LT

Additional Defendants

H Defendant UNKNOWN Nurse 1

Nurse

IDOC Menard 711 Kaskaskia St

Menard, IL 62259

Yes nurse w/ IDOC

T Defendant UNKNOWN nurse 2

Nurse

IDOC Menard 711 Kaskaskia St

Menard, IL 62259

Yes nurse w/ IDOC

J Defendant UNKNOWN nurse 3

Nurse

IDOC Menard 711 Kaskaskia St

Menard, IL 62259

Yes nurse w/ IDOC

K Defendant UNKNOWN female nurse practitioner

Nurse Practitioner

IDOC Menard 711 Kaskaskia St

Menard, IL 62259

Yes nurse practitioner w/ IDOC

L Defendant UNKNOWN male officer

Officer

IDOC Menard 711 Kaskaskia St

Menard, IL 62259

Yes Officer w/ IDOC

Additional Defendants

M Defendant Unknown #2 LT male
LT

IDOC menard 711 Kaskaskia St
menard, IL 62259
yes LT w/ IDOC

N Defendant Counselor Bump
Counselor

IDOC menard 711 Kaskaskia St
menard, IL 62259
yes Counselor w/ IDOC

O Defendant Counselor Bradley
Counselor

IDOC menard 711 Kaskaskia St
menard, IL 62259
yes Counselor w/ IDOC

P Defendant Counselor Rowdawald
Counselor

IDOC menard 711 Kaskaskia St
menard IL 62259
yes Counselor w/ IDOC

Q Defendant IDOC Director Baldwin
Director IDOC

IDOC 1301 Concordia Court
Springfield, IL 62794
yes Director w/ IDOC

- Additional defendants
- R Defendant IA Lauer
IA
IDOC Menard 711 Kaskaskia St
Menard, IL 62259
Yes IA w/ IDOC
- S Defendant IA Masterson
IA
IDOC Menard 711 Kaskaskia St
Menard, IL 62259
Yes IA w/ IDOC
- T Defendant IA Reeves
IA
IDOC Menard 711 Kaskaskia St
Menard, IL 62259
Yes IA w/ IDOC
- U Defendant IA LT Spiller
IA LT
IDOC Menard 711 Kaskaskia St
Menard, IL 62259
Yes IA LT w/ IDOC
- V Defendant Unknown mental health women #2
mental health
IDOC Menard 711 Kaskaskia St
Menard, IL 62259
Yes mental health w/ IDOC

Additional defendants

W Defendant Dr Levin

Doctor

IDOC Menard 711 Kaskaskia St

Menard, IL 62259

Yes Doctor w/ IDOC

X Defendant Ms. White

Mental health

IDOC Menard 711 Kaskaskia St

Menard, IL 62259

Yes mental health w/ IDOC

END.

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☒ Yes ☐ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. You must list ALL lawsuits in any jurisdiction, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). ~~FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.~~

1. Parties to previous lawsuits:

Plaintiff(s): Bradley J Cornille

Defendant(s): Don Jones et al

2. Court (if federal court, name of the district; if state court, name of the county): Southern district

3. Docket number: 18-CV-01496-JPG

4. Name of Judge to whom case was assigned: Judge Reona J Daly

5. Type of case (for example: Was it a habeas corpus or civil rights action?): Civil Rights

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still pending.

7. Approximate date of filing lawsuit: August 2018

8. Approximate date of disposition: Still Pending

9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?" NO

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No

C. If your answer is YES,

1. What steps did you take?

I filed grievance's & moved through each level.

2. What was the result?

Denied / unanswered life in grave danger

EMERGENCY

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☒ Yes ☐ No

F. If your answer is YES,

1. What steps did you take?

I wrote Kites to mental health, Counselors, warden, IDOC director, etc.

2. What was the result? All failed / denied.

- G. If your answer is NO, explain why not.**
- H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not.**
-
-

T.J. Previous Lawsuits Continued

1 Parties to Previous lawsuits:

Plaintiff(s): Bradley J Cornille

Defendant(s): Warden of Pontiac

2 Court: Northern

3 Docket Number: Unknown

4 Name of Judge: Unknown

5 Type of case: Civil Rights

6 Disposition: withdrew matter resolved

7 App. date of lawsuit: 2012

8 App date of disposition: 2014

9 Was case dismissed frivolous, etc.: NO

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Page 5A

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.**

Attached Statement of Claim
Page 1 - 6

Statement Of Claim

August 30, 2018 I was Sentenced to IDOC by Franklin County Illinois Courts. During my Sentencing I was Court ordered to Sexual Abuse Counseling/offender treatment Program.

September 04, 2018 I was transferred from the County Jail to IDOC receiving at Menard Correctional Center, while in the front gate a female five day officer from receiving c/o name came to the front gate to escort me to the receiving unit during the walk to the receiving unit this officer told me "You are SCUM. If you stay here long enough these real guys here will rape & kill you. You would be better off killing urself when I get you to your cell." When we got to the receiving unit I told ^{unknown} mental health ^{lady} what she said to me & mental health said "that's her normal way with people here on sex charges" I then told mental health I was Court ordered to Sexual Abuse Counseling/offender treatment Program & need to go to a prison like Big Muddy where they offer said Program & where I will be safe. Mental health said "we will do all we can to help ensure you get there I don't see any reason why your not gonna go. I wrote IA went without answers.

September 04, 2018 I was gave a white Td & put in a cell.

September 04, 2018 - September 20, 2018 every day this female officer worked she always made comments like "Chomo" "why aint you Killed yourself." I wrote IA no answer.

Statement Of Claim Continued

September 20, 2018 Officer West came to my cell & took my white ID & gave me a red ID. When I asked him why he said Counselor says it's because you were a Sonovabitch in your first bit. I said that shouldn't be a factor I completed my sentence Paroled out & even got off parole early after 3 months. Officer West said "I don't fucking care Pack your Shit your moving to East house & gallery."

September 20, 2018 after only a few hours in East house by 6pm I had already been threatened by over 5 different people due to Officer West & mane who moved me from receiving to East house telling the gallery workers I was a "Chomo" & related to officers here. So gallery workers & other inmates started threatened to rape & kill me. I tried to tell officer Finch who was on the gallery I need PC because of what's going on. he said "Owell you can die" I told the #1 male LT (unknown) as well & he told me "Your gonna die Slow & Painful then" I then got a chance of a phone being brought to my door so I called the PREA # & made a report. Around 10pm due to the severe stress of a gallery worker who came to my door & said the tattoo on my hand ensured I would die by the end of tomorrow. A few min's later due to severe stress I had a Panic attack which led to an asthma attack & I collapsed & ended with medical wheeling me out to medical unit. At medical unit I was given breathing treatments & steroid shots. Unknown Nurse 1, Unknown Nurse 2, Unknown Nurse 3 were told by me

Statement Of Claim Continued

The threats gallery workers had made about me being a chomo, family of officers at Menard Correctional Center, and my tattoo & even about what officers West, Murre, & Finch had said & done as well as LT male unknown. All 3 unknown nurses said "It's not our problem" An once I was doing a little better I was wheeled back to my cell in East House around 12:30 am.

September 21, 2018 I was called from my cell by female nurse practitioner unknown she observed me in a highly agitated, stressful state, & even feared the panic attack that was coming on again so she gave/ helped me breathe in a bag & calm down. I explained every thing that had happened since I had arrived at Menard Correctional Center from officers, LT's, nurses, gallery workers, & other inmates. She helped me by giving me a PC Checkin form. Then officers return me to my cell where I fill out the form & turn it in to unknown male officer who then brings an unknown male LT^{#2}. The unknown male LT had a new form & my old one in his hands. The unknown male LT says "you can't write this shit about officers, their ways of doing shit. He takes his ink pen & marks out most of my old form & says "what's left is what I want you to write on this new form or your Chomo ass can fuck off & die in this cell". So I wrote what I was told & hand him both forms. On said form was a KSF I told them I had at this prison. Then this unknown male LT walked me to NL 2 gallery for PC Intake.

September 21, 2018 through current I wrote counselors, mental health

Statement Of Claim Continued.

Blume, Bradley, & Rowdawald as well as Warden Jacquelin Lashbrook, IDOC Director Baldwin, IA at Menard Correctional Center Lawer, Masterson, Reeves, & Spiller IA LT all to no avail even Springfield IA no one has done anything to help protect me. I explained to each of these people my life is in grave danger here at Menard Correctional Center even in PC because I have family who works at this prison & what those officers have done to some of these inmates makes me prime target. I also explained I was born & raised in Evansville, IN about 20 miles from Menard Correctional Center, my charges & the fact I am court ordered to be in sexual abuse counseling/offender treatment program & how being in a prison with people with similar charges & not where my family works my life would not be in grave danger, yet no one has helped me. Between September 29, 2018 & October 04, 2018 Warden Jacquelin Lashbrook signed the PC form & denied me PC. I grieved.

October 23, 2018 I saw the ARB for my grieving the fact I was denied PC. While there I told her everything about officers, LT, inmates, nurses etc even me being court ordered to take offender courses & she on 10/29/18 approved me for PC. I even told them about the unconstitutional double celling here in the North Lovers & how small the cells are & my need to go to Big Muddy Correctional Center. I have been forced to stay at a prison where my life is in grave danger & offers no rehabilitative course, & I

Statement Of Claim Continued

am forced to live under atypical & significant hardship in PC that the cell is entirely too small for 2 people, where if I would of been sent to Big Muddy CC I wouldn't need PC & I would have a normal legal size cell & get rehabilitative programs to better my life, that are even court ordered. Here at Menard CC in PC we spend most days in our cell 23 hours a day & hardly even walk to Chow.

December 03, 19 Court writ to Franklin County while there Judge reordered me to Partake in the 10 page case plan from DCFs & LSSI Exhibit A. When I got back to Menard CC I saw unknown mental health worker #2 & told her I need transferred to Big Muddy so I can do the offender courses etc that Judge had reordered me to do. An told her every week y'all tour our gallery I've been telling you I need these things since 09/21/19 when you tour the gallery. She tells me "maybe one day we will send you but not anytime soon."

December 07, 2019 I wrote Dr Levin head of mental health telling her about the Court order & pleading for her help to get transferred to Big Muddy. She did not answer.

December 21, 2019 mental health tech Ms. White came & talked to me concerning the letter I wrote to Dr Levin on the Court ordered treatment, transfer to Big Muddy, & the cramped stressful (both mental & physical) due to living conditions at Menard CC especially in our tiny

Statement of Claim Continued.

Cells in North Lowers. Ms. White told me she had a meeting with Dr Levin at 11am today & she would see what they could do. & that she would see me again on December 26, 18. She never showed up.

December 17, 2018 Counselor Rowduswald toured the gallery. I told her about the Court order & the need to be transferred to Big Muddy to get these services. She blew up & said "I don't care about no court order & if the judge don't like it he can remand you & send you to these classes from there"

Grievance filed Exhibit B 12/17/18.

October 12, 18 grievance filed Exhibit C Pleading for rehabilitative services

October 17, 18 grievance filed Exhibit D Pleading safety & Prison Placement issues

November 05, 18 grievance filed Exhibit E Pleading mental health issue due to cell size

November 11, 18 grievance filed Exhibit F Pleading cell status/size

November 11, 18 grievance filed Exhibit G Pleading PC group shower issues

~~December~~
November 27, 18 grievance filed Exhibit H Pleading cell size cruel & unusual punishment.

November 28, 18 Affidavit Exhibit I Pleading for help

December 31, 18 grievance filed Exhibit J Emergency

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

1) Declaration that the acts & omissions described herein violated Plaintiff's rights

2) Temporary restraining order issued

3) A preliminary & permanent injunction order ordering defendants to transfer Plaintiff to Big Muddy Correctional Center

4) And additional relief this Court deems just, proper, & equitable

5) Cost of filing

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed
on:

01/02/19
(date)

Bradley James Cornille
Signature of Plaintiff

711 KASKASKIA ST. PO BOX 1000
Street Address

Bradley James Cornille
Printed Name

Menard, IL 62259
City, State, Zip

B88097
Prisoner Register Number

Signature of Attorney (if any)

United States District Court

For The Southern District Of Illinois

Bradley J Cornille

Plaintiff

VS

Case No.

Lashbrook et al

Defendant(s)

Declaration In Support Of Plaintiff's
Motion For A Temporary Restraining Order
& Preliminary Injunction

Bradley James Cornille States:

1 I am the Plaintiff in this case. I make this declaration in support of my motion for a temporary restraining order & a preliminary injunction to ensure that I will be safe that my life no longer be in jeopardy & receive required rehabilitative services.

That I would greatly benefit from a transfer to IDOC Prison Big Muddy Correctional Center where I would be safe not need PC, be able to take courses as court order & live a somewhat safe environment around other inmates with similar charges & not in a prison where my family works & has made alot of crimes. I fear for my life every second of every day here at Menard Correctional Center

I fear I will be raped & or killed leading to immediate & irreparable injury, loss, & damages. ^{I don't want to die.} As of today I am sending copies of my declaration, order to show cause & TRO to defendants.

I declare under penalty of perjury that the foregoing is true & correct. Executed at Menard IL on January 02, 2019

/s/ Bradley James Cornille P/ Bradley James Cornille

United States District Court
For The Southern District Of Illinois

BRADLEY CORNILLE

Plaintiff

VS

CASE NO.

LASHBROOK ET AL

Defendant(s)

Order To Show Cause & Temporary Restraining
Order & Preliminary Injunction

UPON the supporting declaration of the Plaintiff
& the memorandum of law submitted herewith, it is:

Ordered that defendants

Show cause in room of the United States Courthouse,
Southern District Of Illinois, 750 Missouri Avenue,
East St. Louis, IL 62201 on the day of

20 @ O'clock, why a preliminary injunction
should not issue Pursuant to Rule 65(a), Fed. R. Civ. P.,
enjoining the said defendants, their successors in
office, agents, & employees & all other persons acting
in concert & participation with them, to provide a
institutional transfer to Big Muddy Correctional
Center ~~at the Big Muddy Correctional Center~~ where Plaintiff will be safe.

It IS Further Ordered that effective immediately
& Pending the hearing & determination of this matter,
defendants shall arrange for the Plaintiff to be
on institutional transfer to Big Muddy CC ~~at the Big Muddy Correctional Center~~
so he can get started on the rehabilitative

Courses he has been Court ordered to attend. I will remove him from the cramped cell & near 23 hour per day lock in at Menard CC.

IT IS Further Ordered that this order to Show cause, & all other papers attached to this application, shall be served on defendants by _____, 20____ & the United States Marshals Service is hereby directed to effectuate such service.

(Date)

United States District Judge

United States District Court

For The Southern District Of Illinois

Bradley Cornille

Plaintiff

VS

Case No.

Lashbrook et al

Defendant(s)

Memorandum of Law

Farmer v. Brennan, 511 U.S. 825, 833, 114 S.Ct. 1470 (1994)

Prison officials must take reasonable measures to protect prisoners from assault by other inmates, including sexual assault.

Gregory Turley v. Jacqueline Lashbrook No. 09-07-566

Concerning cells in North Upper/Lowers at Menard CC

In light of this & due to the grave danger to my life there is no justifiable reason to deny me a transfer to Big Muddy CC especially with Court orders standing for Programs, Courses etc.

Also seek waiver of security on Preliminary Inclusion & TRD due to in forma pauperis.

B/ Bradley James Cornille 10/ January 02, 2019

Bradley James Cornille

**ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
FAMILY SERVICE PLAN**

Service Plan Face Sheet: March / September

Plan Date: 09/09/2018

Family Case Name: Cornille, Natasha

SACWIS Case ID: 1046505

CYCIS ID: A2551800

Worker Name: HOLDER, DEVIN

Plan Type: Subsequent

Worker RSF: 5A HF

Agency: LSSI

Plan Approved By: ROSSIN, EVE

Approved Date: 09/10/2018

Family's Primary Language: English

Mode Of Communication: Verbal

Hispanic Language Determination Form Completed? Yes

Intact Family? No

Absent Effective Preventive Services, Is Foster Care The Planned Living Arrangement? Yes

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CAREGIVER SUBJECTS OF PLAN

Caregiver's Name	Birth Date	Race/Ethnicity:
Cornille, Bradley	12/26/1991	White / Not Hispanic

Desired Outcomes And Action Steps

Desired Outcome (Supporting The Permanency Plan):

Bradley will participate in a parenting education program to learn appropriate parenting skills, in order to provide support and well-being to children.

Date Established: 05/02/2018

Planned Achievement Date: 05/02/2019

Support That Strengths Provide For The Family/Individual:

Bradley is willing to comply with services.

Identified Needs:

- Case Recommendation - Parenting

Additional Plan(s) Met By This Outcome:

Action Steps Leading To / Supporting The Desired Outcome	Progress Dates
Who: Bradley Needs To Do What: Agree to maintain current release of information between parent educator and LSSI. Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated.	Start Date: 05/02/2018 Target Completion Date: 05/02/2019 Actual Completion Date: Evaluation Date: 09/09/2018
Who: Bradley Needs To Do What: Agrees to demonstrate what is learned in parenting on an ongoing basis with his children .	Start Date: 05/02/2018 Target Completion Date: 05/02/2019

Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated.	Actual Completion Date: Evaluation Date: 09/09/2018
Who: Bradley Needs To Do What: Agrees to comply with a parenting assessment and follow all recommendations made by educator. Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated.	Start Date: 05/02/2018 Target Completion Date: 05/02/2019 Actual Completion Date: Evaluation Date: 09/09/2018

Evaluation of Outcome Progress (HOLDER, DEVIN) :
 Unsatisfactory Progress / Maintain Outcome

Evaluation Date: 09/09/2018

Evaluation Narrative:
 Mr. Cornille is currently not engaged in services and is currently incarcerated.

Desired Outcome (Supporting The Permanency Plan):
 Through consistent and appropriate visitation, parents will maintain a positive relationship with their children during placement outside of the home to work towards reunification.

Date Established: 05/02/2018 **Planned Achievement Date:** 05/02/2019

Support That Strengths Provide For The Family/Individual:
 Bradley agrees to comply with services.

Identified Needs:

- Case Recommendation - Visitation

Additional Plan(s) Met By This Outcome:

Action Steps Leading To / Supporting The Desired Outcome	Progress Dates
Who:	Start Date:

<p>Bradley</p> <p>Needs To Do What: Agrees to participate in weekly visits in order to maintain regular contact with children.</p> <p>Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions</p> <p>Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.</p>	<p>05/02/2018</p> <p>Target Completion Date: 05/02/2019</p> <p>Actual Completion Date:</p> <p>Evaluation Date: 09/09/2018</p>
<p>Who: Bradley</p> <p>Needs To Do What: Agrees to cooperate with service providers who are supervising and documenting visits in order to make visits as successful as possible.</p> <p>Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions</p> <p>Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.</p>	<p>Start Date: 05/02/2018</p> <p>Target Completion Date: 05/02/2019</p> <p>Actual Completion Date:</p> <p>Evaluation Date: 09/09/2018</p>
<p>Who: Bradley</p> <p>Needs To Do What: Agrees to demonstrate appropriate parenting skills including supervision, discipline, and nurturance during visitation in order to facilitate improved relationships with his children.</p> <p>Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions</p> <p>Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.</p>	<p>Start Date: 05/02/2018</p> <p>Target Completion Date: 05/02/2019</p> <p>Actual Completion Date:</p> <p>Evaluation Date: 09/09/2018</p>

Evaluation of Outcome Progress (HOLDER, DEVIN) :
Unsatisfactory Progress / Maintain Outcome

Evaluation Date: 09/09/2018

Evaluation Narrative:
Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.

Desired Outcome (Supporting The Permanency Plan):

Bradley will complete the sexual risk assessment and follow all recommendations made by the assessment.

Date Established: 05/02/2018

Planned Achievement Date: 05/02/2019

Support That Strengths Provide For The Family/Individual:

Agrees to comply with services.

Identified Needs:

- Case Recommendation - Sexual Abuse Risk Assessment

Additional Plan(s) Met By This Outcome:

Action Steps Leading To / Supporting The Desired Outcome	Progress Dates
<p>Who: Bradley</p> <p>Needs To Do What: Agrees to fully participate in an assessment/evaluation in order to determine level of service required to address the sexual abuse.</p> <p>Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions</p> <p>Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated.</p>	<p>Start Date: 05/02/2018</p> <p>Target Completion Date: 05/02/2019</p> <p>Actual Completion Date:</p> <p>Evaluation Date: 09/09/2018</p>
<p>Who: Bradley</p> <p>Needs To Do What: Agrees to cooperate with any recommendations made as a result of the assessment. Treatment may include individual/group/marital/family counseling in order to address the conditions which led to DCFS involvement.</p> <p>Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions</p> <p>Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated.</p>	<p>Start Date: 05/02/2018</p> <p>Target Completion Date: 05/02/2019</p> <p>Actual Completion Date:</p> <p>Evaluation Date: 09/09/2018</p>
<p>Who: Bradley</p> <p>Needs To Do What:</p>	<p>Start Date: 05/02/2018</p> <p>Target Completion Date:</p>

Agrees to provide current consents for release of information between LSSI and service provider.	05/02/2019
Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions	Actual Completion Date:
Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated..	Evaluation Date: 09/09/2018

Evaluation of Outcome Progress (HOLDER, DEVIN):

Unsatisfactory Progress / Maintain Outcome

Evaluation Date: 09/09/2018

Evaluation Narrative:

Mr. Cornille is currently not engaged in services and is currently incarcerated.

Desired Outcome (Supporting The Permanency Plan):

Bradley will complete the psychological assessment and comply with all recommendations from assessment.

Date Established: 05/02/2018

Planned Achievement Date: 05/02/2019

Support That Strengths Provide For The Family/Individual:

Bradley is willing to comply with services.

Identified Needs:

- Case Recommendation - Psychological Assessment

Additional Plan(s) Met By This Outcome:

Action Steps Leading To / Supporting The Desired Outcome	Progress Dates
Who: Bradley	Start Date: 05/02/2018
Needs To Do What: Agrees to provide current consents for release of information between LSSI and service provider in order to allow ongoing communication between LSSI and service provider.	Target Completion Date: 05/02/2019
Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions	Actual Completion Date:
Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently	Evaluation Date: 09/09/2018

incarcerated. He is not visiting at this time.	
Who: Bradley Needs To Do What: Agrees to fully participate in an assessment/evaluation with service provider. Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.	Start Date: 05/02/2018 Target Completion Date: 05/02/2019 Actual Completion Date: Evaluation Date: 09/09/2018
Who: Bradley Needs To Do What: Bradley agrees to cooperate with any recommendations made as a result of the assessment/evaluation. Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.	Start Date: 05/02/2018 Target Completion Date: 05/02/2019 Actual Completion Date: Evaluation Date: 09/09/2018

Evaluation of Outcome Progress (HOLDER, DEVIN) :
Unsatisfactory Progress / Maintain Outcome

Evaluation Date: 09/09/2018

Evaluation Narrative:
Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.

Desired Outcome (Supporting The Permanency Plan):
Will achieve an appropriate level of understanding of mental illness and how this affects parenting and relationships.

Date Established: 05/02/2018

Planned Achievement Date: 05/02/2019

Support That Strengths Provide For The Family/Individual:
Bradley agrees to comply with services.

Identified Needs:

Case Recommendation - Mental Health Counseling

Additional Plan(s) Met By This Outcome:

Action Steps Leading To / Supporting The Desired Outcome	Progress Dates
<p>Who: Bradley</p> <p>Needs To Do What: Agrees to demonstrate progress and benefit from treatment as evidenced by maintaining a period of for a period of time in order to address the conditions which led to DCFS involvement.</p> <p>Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions</p> <p>Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.</p>	<p>Start Date: 05/02/2018</p> <p>Target Completion Date: 05/02/2019</p> <p>Actual Completion Date:</p> <p>Evaluation Date: 09/09/2018</p>
<p>Who: Bradley</p> <p>Needs To Do What: Agrees to demonstrate progress in counseling by full communication with counselor in order to address the conditions which led to DCFS involvement.</p> <p>Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions</p> <p>Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.</p>	<p>Start Date: 05/02/2018</p> <p>Target Completion Date: 05/02/2019</p> <p>Actual Completion Date:</p> <p>Evaluation Date: 09/09/2018</p>

Evaluation of Outcome Progress (HOLDER, DEVIN) :
Unsatisfactory Progress / Maintain Outcome

Evaluation Date: 09/09/2018

Evaluation Narrative:
Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.

Desired Outcome (Supporting The Permanency Plan):
Will achieve an appropriate level of understanding of the sexual abuse and will acquire new methods of interacting with Mason which will prohibit any ongoing abuse to him in order to protect Mason

from further sexual abuse.

Date Established: 05/02/2018

Planned Achievement Date: 05/02/2019

Support That Strengths Provide For The Family/Individual:

Bradley agrees to comply with services.

Identified Needs:

- Case Recommendation - Sexual Abuse Counseling

Additional Plan(s) Met By This Outcome:

Action Steps Leading To / Supporting The Desired Outcome	Progress Dates
Who: Bradley Needs To Do What: Agrees to not discontinue participation in the counseling without LSSI approval in order to receive maximum benefit of services. Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.	Start Date: 05/02/2018 Target Completion Date: 05/02/2019 Actual Completion Date: Evaluation Date: 09/09/2018
Who: Bradley Needs To Do What: Agrees to provide current consents for release of information between LSSI and service provider. Evaluation Of Action Step Progress (HOLDER, DEVIN): Unsatisfactory Progress / Maintain Interventions Evaluation Narrative: Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.	Start Date: 05/02/2018 Target Completion Date: 05/02/2019 Actual Completion Date: Evaluation Date: 09/09/2018
Who: Bradley Needs To Do What: Agrees to demonstrate progress on the issue of child sexual abuse by addressing the following issues : Accept responsibility for the abuse. Demonstrate knowledge and understanding of the effects of sexual abuse on victim, family, and self.	Start Date: 05/02/2018 Target Completion Date: 05/02/2019 Actual Completion Date:

Evaluation Of Action Step Progress (HOLDER, DEVIN):

Unsatisfactory Progress / Maintain Interventions

Evaluation Date:

09/09/2018

Evaluation Narrative:

Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.

Evaluation of Outcome Progress (HOLDER, DEVIN) :

Unsatisfactory Progress / Maintain Outcome

Evaluation Date: 09/09/2018

Evaluation Narrative:

Mr. Cornille is currently not engaged in services and is currently incarcerated. He is not visiting at this time.

Print

Cancel

[Click Here](#) to return to the top of the page.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCEHousing Unit N162-2 Bed #: _____

Exhibit B

Date: <u>12/17/18</u>	Offender: (Please Print) <u>Bradley J Cornille Jr</u>	ID#: <u>888097</u>
Present Facility: <u>menard</u>	Facility where grievance issue occurred: <u>menard</u>	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Other (specify) _____

☐ Disciplinary Report: _____
 Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Showdown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): On Dec 11, 2018 Counselor Rouds said I was forcing the grievance. I tried to explain that in court on Dec 3, 2018 Judge Stanley of Franklin County ordered that I be kept in certain classes, correct, etc effective immediately & Counselor Rouds said "I don't care about no court order & if the judge don't like it he can remove you & send you to these classes from there". You have a person like want to better their life why won't you help them to do so?

Relief Requested: Transfer me to big muddy correctional center so I can better my life please

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Bradley James Cornille Jr 888097 12/17/18
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62704-0277
Response: _____		

Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature	Date

301 10 18
Grievance #

Exhibit C

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCEHousing Unit: N1L24 Pod #: _____

Date: <u>10/12/18</u>	Offender: <u>Cornille, Bradley J</u>	ID#: <u>B88097</u>
Present Facility: <u>Menard</u>	Facility where grievance issue occurred: <u>Menard</u>	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☒ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Other (specify): _____

☐ Disciplinary Report: _____

Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): For the last yrs before I returned to prison my drug addiction took over my life around 3 yrs ago & significantly limited/ended major parts of my day to day life it disabled me. I came to prison on 9/14/18 & should have been sent to a prison that gave me drug treatment & rehab/schooling to rehabilitate me & fixed the problems w/ drugs. I use to let drugs control me, eating, sleeping, daily hygiene that I lacked to care for myself I couldn't live w/o drugs. I need treatment to fix my life & be rehabilitated & ~~stronger~~. I

Relief Requested: Transfer me to a prison that will give me drug treatment & chances to better myself unlike my 1st prison term when they let me fall through the cracks

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of treatment personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Bonadventure James Cornille B88097 10/12/18

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62704-0277
Response: _____		

First Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

RECEIVED
NOV 02 2018
Exhibit D

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Housing Unit: 11-242 Bed #: _____

RECEIVED
OCT 25 2018

Date: 10/17/18 Offender: B. J. Cornille ID: B92097

Present Facility: Menard Facility where grievance occurred: Menard

NATURE OF GRIEVANCE: 500-10-18

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☒ Other: Prison Placement Issues

☐ Disciplinary Report: _____
 Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to:
 Grievance Officer, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Chief Administrative Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Administrative Review Board, only if the issue involves protective custody, involuntary admission to psychiatric units, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I have wrote TA stroke to TA & told them I was born/raised in Evansville IN just a few miles from this prison my actual father is Carl Kemper my mother was Christina Eggemyer I do not feel safe in this prison. PPI I grew up w/ & that are family through my fathers side works here. I shouldn't even be in a max prison I only have 13 1/2 years to serve & I'm suppose to take classes & drug treatment etc. etc.

Relief Requested: Transfer me to a prison like Big Muddy or something so I can get drug treatment & class & be safe. I fear for my life here

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

B. J. Cornille B92097 10.17.18
 Offender's Signature ID Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 11/7/18 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62704-9277

Response: PREVIOUSLY ADDRESSED IN GRIEVANCE # 301-10-18.

T. Bradut CSII T. Bradut CSII 11/8/18
 Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 10/26/18 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance
☒ No; emergency is not substantiated. Offender should submit this grievance in the normal manner.

J. J. 10/26/18
 Chief Administrative Officer's Signature Date

Exhibit E

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

Date: <u>11/05/18</u>	Committed Person: <u>Bradley James Cornille Jr</u>	ID#: <u>288097</u>
Present Facility: <u>Menard</u>	Facility where grievance issue occurred: <u>Menard</u>	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability <u>mental</u> <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input checked="" type="checkbox"/> Other <u>mental</u> <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: <u>1</u> / <u>1</u> / <u>1</u> Facility where issued: _____ <small>Date of Report</small>		
<small>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</small> <small>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</small>		
Brief Summary of Grievance: <u>You force 2 ppl in to a 5x10 cell with no room to move so 60% of which is taken up by a toilet & toilet. A toilet is more that is right by the bed. When your relief goes to use the bathroom you go to move from one end of bed to another & at that both inmates can't move around at one time. We hardly run to shower we spend a majority of our time locked in our cell. It is dehumanizing to our mental health & sanitation & leads to serious mental strain & stress. Emergency for this reason. According to Rhodes v. Chapman</u> Relief Requested: <u>If you have no bigger cells then single cell status etc. P17 & 44.</u>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. <u>Bradley James Cornille Jr</u> <u>288097</u> <u>11.05.2018</u> <small>Committed Person's Signature</small> <small>ID#</small> <small>Date</small> <small>(Continue on reverse side if necessary)</small>		

Counselor's Response (if applicable)		
Date Received: <u>1</u> / <u>1</u> / <u>1</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277
Response: _____ _____ _____ _____		
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: <u>1</u> / <u>1</u> / <u>1</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCEHousing Unit: N1L2-30 Bed #: _____

Exhibit F

Date: <u>11/11/18</u>	Offender: <u>Bondley James Cornille Sr</u>	ID#: <u>648097</u>
Present Facility: <u>Menard</u>	Facility where grievance issue occurred: <u>Menard</u>	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☒ Other (specify): Cell status/size

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Showdown Report, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): According to - Nadel v. Fawcett, 92 F.3d 63, 65-66 (3d Cir. 1996) Chief "double-celling combined w/ limited movement & rec are unconstitutional"; Bann v. Idaho State Bd. of Corrections, 595 F. Supp. 1552, 1575 (D. Idaho 1984) we are in a 5x10 cell ^{where} we have to turn side ways just to get beside the bed, the toilet is right on top of the bed, less than 1'2ft, poor ventilation, no jobs, no educational programs, no rehabilitative programs.

Relief Requested: Single Cell where I will be able to move w/o tripping over a cell mate.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Bondley James Cornille Sr 648097 11/11/2018
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: _____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: _____

Print Counselor's Name _____ Counselor's Signature _____ Date of Response _____

EMERGENCY REVIEW

Date Received: _____ Is this determined to be of an emergency nature? ☐ Yes: expedite emergency grievance ☐ No: an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature _____ Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCEHousing Unit 1112-30 Bed #

Exhibit G

Date: 11/11/19 Offender: Brodley James Cornille Sr ID#: B88097
(Please Print)

Present Facility: Menard Facility where grievance issue occurred: Menard

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☒ Other specify: PC Shower Issues.

☐ Disciplinary Report: 1 / 1 Date of Report: Facility where issued:

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Emergency due to substantial risk of imminent personal injury, in our mass showers here in PC there is so many high sexual situations that I fear I will be attacked leading to serious risk of personal injury to myself. According to Farmer v. Brennan, 511 U.S. 825, 833, 114 S. Ct. 1470 (1999) "Prison officials must take reasonable measures to protect prisoners from assault by other inmates, including sexual assault."

Relief Requested: Single Showers Permenitly.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

Brodley James Cornille Sr B88097 11/11/2019
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1/1/20 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277

Response:

First Counselor's Name: Counselor's Signature: Date of Response: 1/1/20

EMERGENCY REVIEW

Date Received: 1/1/20 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance
☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCEHousing Unit: N122 Bed #: _____

Exhibit H

Date: <u>12/27/18</u>	Offender: <u>Bradley J Cornille Jr</u>	ID#: <u>B88697</u>
Present Facility: <u>menard</u>	Facility where grievance issue occurred: <u>menard</u>	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☒ Other (specify): Cruel & unusual punishment cell's

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Emergency due to serious risk of well being & mental distress these cells are too small & in Georgia Turkey V. 26 question 1 Ashbrook No 09-67-562 the courts agreed & ordered injunction it is causing serious strain & stress I can't handle it.

Relief Requested: Single study or transfer me

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

Cornille Jr B88697 12/27/18
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		

Press Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

Housing Unit: 11-2-2 Bed #:

Counselor's Response (if applicable)		
Date Received: _____ / _____ / _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-8277
Response: _____		

Print Counselor's Name	Counselor's Signature	Date of Response

Disturbance: Master Flag Offender

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Housing Unit: NL 2-a Bed #: _____

my dad's last name is Kemper. I fear for my life & my safety here @ menard CC, not just in NL but everywhere P/C, East, West, NA, NW, etc. I am not safe even in PC I am not safe. I need transferred & I need to go to a prison like Big Muddy CC for where I can take in my court ordered rehabilitative courses so I can better my life & go home & not get killed in @ menard CC. My very life can be taken by these people at any minute. Please help protect me.

Exhibit I
 STATE OF ILLINOIS)
) SS
 COUNTY OF Randolph)

AFFIDAVIT

I, Bradley James Cornille being first duly sworn upon my oath depose and state that the following matters are both true and correct made upon personal knowledge and belief, and if called as a witness, I am competent to testify thereto: I have tried to work

with Warden J. Lashbrook, IA Lawer, IA Reeves, IA LT. Seiler, & even the director about my safety here in Menard Correctional Center all to no true avail especially with my request for KSF on a number of inmate an all IA Lawer can tell me about a KSF is that it's useless it only keeps them in cells from you, you still go to showers, yards, gyms, etc with the same people you claim as an enemy so how it possible for me to be safe? I have told my family of all of these short comings with this prison & if I get hurt they are prepared to take action full press release's, social media, etc. Even about how IDOC can't & won't even fulfill their own mission statement. IDOC'S mission statement is: "To serve justice in Illinois & increase public safety by promoting positive change in offender behavior, operating successful reentry programs, & reducing victimization." Where is the promoting positive change for me? Where is my rehabilitation? What locking me in a cell 24 hours a day? BC

Subscribed and sworn to
 before me on the 28 day
 of Nov, 2018

Respectfully submitted,

Bradley J. Cornille

NOTARY PUBLIC

OFFICIAL SEAL

PATRICIA B. STEWART

Notary Public - State of Illinois

My Commission Expires 1/03/2022



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Cornille
Name

B88097
ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition? Yes or No
If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254
2. Is this an Amended Complaint or an Amended Habeas Petition? Yes or No

If yes, please list case number: _____

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case? Yes or No

If yes, please list case number: _____

If yes, but you do not know the case number mark here: _____

4. Please list the total number of pages being transmitted: 56
5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

Name of Document	Number of Pages
<u>1983 Civil Complaint</u>	<u>19</u>
<u>Mot IFP</u>	<u>13</u>
<u>Declaration In Support</u>	<u>3</u>
<u>Memo of Law</u>	<u>21</u>

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfilled.